

REAL ESTATE SALES BROKER'S APPLICATION FOR RECEIPT OF SALES LISTING

FOR VA USE

VAID:

TYPE:

KEY(S):

FIRM NAME AND R. E. ID NUMBER: (Sales Commissions to be paid in this name.)

FIRM STREET ADDRESS:

CITY, STATE ZIP+4:

PHONE NUMBER: (____)_____

FAX NUMBER: (____)_____

OWNER'S OR MANAGER'S NAME & R. E. ID NUMBER:

FEDERAL TAX ID NUMBER/SOCIAL SECURITY NUMBER:

(NOTE: If Social Security number is used, commissions will be paid in owner's or manager's name.)

MINORITY BUSINESS REPORTING: (Above Owner/Manager)

(Check One Per Category)

SEX: ☐ MALE ☐ FEMALE ☐ DECLINE TO IDENTIFY

RACE: ☐ WHITE ☐ BLACK ☐ HISPANIC ☐ ASIAN

☐ AMERICAN INDIAN ☐ OTHER ☐ DECLINE TO IDENTIFY

VETERAN: ☐ NO ☐ YES

DISABLED: ☐ NO ☐ YES

WHICH COUNTIES ARE YOU MAINLY INTERESTED IN:



DEPARTMENT OF VETERANS AFFAIRS
Regional Office
1240 East Ninth Street
Cleveland, OH 44199

TO: SALES BROKERS

In Reply Refer To: 325/264

SUBJECT; PARTICIPATION APPLICATION

Please complete the application to participate in selling VA acquired properties.

A copy of the current Program Guide (September 2000) and all necessary forms are available at the following web site: <http://www.vahomes.org/cv/>.

In addition to your application send us a copy (**NOT THE ORIGINAL**) of your "License, and Certificate of Continuation" with your application. These items are required before sending you a pass key and placing you on our permanent mailing list.

Please send responses via FAX: (216) 522-2552, or mail to:
PROPERTY MANAGEMENT,
P. O. BOX 99810
CLEVELAND, OH 44199-0810

We appreciate your participation in the Loan Guaranty Program and welcome your questions and comments.

Sincerely yours,

/s/

JOSEPH A. PRINT
Chief, Valuation & Management

Enclosures: